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THE LIMITATION OF OFFSPRING: BY ABORTION OR PREVENTION OF CONCEPTION—WHICH? *

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THE social problem of the limitation of the number of children is of modern date. Not that the limitation of offspring was not practiced at all times, among all peoples, in all countries. The interruption of pregnancy is of ancient origin. The practice is recorded in the history of the earliest nations. But at those times limitation of offspring did not constitute a problem.

In primitive society, among all nations, little value was placed upon the products of conception. During the period of historical antiquity, among the classic Greeks and Romans, children had no rights whatsoever, even after they were born; hence the exposure of children among the Greeks, and the "jus vitæ ac necis," the right of the father over life and death of his children, among the Romans. On the other hand, among the votaries of the cult of the ancestors, such a thing as birth control was entirely unthinkable. Among them it was a matter of the highest pride and of the greatest happiness to have large families. Men and especially women would rather suffer death than be afflicted with childlessness. "Give me children, or else I die" (Genesis XXX, 1), says Rachel to Jacob.

Hence, while birth control was unthinkable among the Jews, among the Greeks and Romans, where even the born child had no rights, complete impunity for the practice of the destruction of the fetus in utero was a matter of course. The greatest philosophers of these nations recommenced these means to get rid of undesirable offspring.

* Read before the Sunrise-Club, March 13, 1916.

Aristotle defends the practice of emptying the uterus of the fruit of conception, because the embryo is not human yet. Consciousness, he claims, which characterizes man has its entrance into the organism only with the first breath.

Plato teaches that the male embryo becomes animated on the thirtieth and the female embryo on the fortieth day after impregnation. Still he does not see anything criminal in induced abortion (De republica).

The sophist Empedocles maintains that the fetus becomes a living being only after birth with its first inspiration. The sophist Diogenes of Apollonia teaches that all beings are born without souls. They put on their souls only after birth. (Plutarch Περὶτῦν ἀρεσκόντων τοῖς φιλοδόφοις V, 15.)

Even in the Bible (Exodus XXI, 22) the fetus has not yet the rights of a human being. An accidental induction of abortion is punished by a fine, while accidental homicide is punished by banishment. At the times of the prophets, the fetus was considered an animated being. "Before thou camest forth out of the womb I sanctified thee" (Jeremiah, 1, 5.)

The Talmudists, probably influenced by the doctrine of Plato, put the moment of the junction of body and soul on the fortieth day after conception. (Menachoth, 99[a].) Still the induction of abortion is nowhere treated as a crime in the Talmudic jurisprudence.* Flavius Josephus, on the other hand, (Contra Appionem) claims that the Jewish law forbids the Jewish woman to destroy the fruit of conception.

The Roman law does not prohibit the destruction of the fetus. The Justinian law says that the husband has no rights to the fetus, because it is only a part of the mother, "portio vel pars viscerum mulieris." Only after the child leaves the womb has the father a right in suits for damages. This principle of the fetus because it is only a part of the mother, "portio vel pars of volitional abortion was widespread among the Romans. Tacitus (Annalia, XIV, 63) sees in this practice the cause of the decadence of the Roman empire. **

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* R. Yismael (Synhedrin 57[b]) maintains that a Noahide is put to death for killing an embryo but not a Jewish citizen. In Nidda 44[b] the killing of an infant even of a day old, is murder, but not of a fetus.

** Two centuries after Christ, we find the first ordinances regarding abortion in the Roman law. (L. IV, D. 47, 11 and L. VIII, D. 48, 81. Cited by Horch in the Juristisch-Psychologische Grenzfragen, Vol. VII. H. 4.) According to these regulations the unmarried girl and the wife with the consent of her husband were exempt from any punishment.

With the advent of Christianity a great change took place in the status of the fetus. Christianity teaches that the soul enters the embryo in the male on the fortieth day and in the female on the eightieth day after impregnation. From this moment, the embryo, as a *fetus animatus*, had its legal rights. The canonical laws put on feticide the death penalty, just as on homicide. The interruption of pregnancy before this moment, i.e., the destruction of the *fetus inanimatus*, was punished by a fine only.

The right of the fetus to life in the early laws of all the germanic European nations was based upon this Christian doctrine of the soul of the embryo. This legal standing of the embryo remained in full force in most of the penal codes, to the present day.

Of late years, there arose a certain rebellion against the sanctity of potential man. Three forces are working to bring the limitation of offspring into honor and repute. There is the love of luxury and the gospel of comfort among the rich. The bearing and rearing of children interfere with the social enjoyments of the parents, and this class has set up personal happiness as the goal of life. The will to procreate is also decreased among the middle classes and better artisans who through an increased refinement, possess a higher sense of responsibility towards their offspring. The spread of socialism among the labor class has brought more enlightenment to this class of people, and they have learned that a liberal number of children is not only a great drain upon their small income but that the greater the number of offspring the greater the competition will be among these children when they reach adult age. Restriction of child bearing thus accrues to the benefit of the child itself. Moreover a lower average birthrate means more vigorous mothers, small families mean more vigorous children.

In modern feminism another enemy arose against the potential child. The woman looking for a career sees in a large number of children a drawback to her aspirations. If the child means anything at all in a woman's life, says Ellen Key, she cannot allow another to have the affection, the care and the anxiety about it. She must give her own soul to this child even if it will interfere with her book, her picture, her lecture, or her research. In the conflict between the satisfaction of the claims of the member of the race and those of her own personality, she generally chooses the latter and refuses to bring up more than one, or at the highest, two children. Childbearing is thus evaded for social, economic,

and luxurious reasons. All these forces work together to keep the population of the modern world in due bounds.

The practice of birth-control is usually carried on either by way of contraception or by feticide. To the latter means resort especially all the unmarried victims who have been surprised by an extramatrimonial gestation. In fear of dishonor and ostracism they use these means to cover their shame. Many married women also make use of feticide to get rid of the products of conception. In the consciousness of the people there is no difference between the desire to have no children and abortion. The moral aspect of feticide is entirely overlooked. The result is that in Manhattan and the Bronx alone about eighty thousand abortions are procured every year (*N. Y. Med. Record*, 1893, p. 691) and the number is increasing steadily. Only one out of every thousand cases is detected, namely, those which end fatally for the mother.*

The interruption of pregnancy comes in conflict with the laws of almost all civilized countries. The state, —i.e., the machinery of organized government, not the individual citizens, for even among the law-givers the majority practice the limitation of offspring—claims to have a vital interest in the increase of the population. Most of the European countries represent armed camps even in time of peace, and the larger the population the larger the number of soldiers and the greater the prospects of victory in case of war. Hence the laws in these countries are against any kind of limitation of offspring. While the religious principle, or the moral aspect of feticide, is the basis of the laws against abortion, the fear of race-suicide is the basis of the laws against any kind of regulation of the process of procreation.

The practice of the limitation of offspring clashes with all these laws, hence the agitation for the repeal of these laws, observed in almost all civilized countries. The Neo-Malthusians claim that the population increase must not be considered from the purely quantitative but qualitative point of view. Moreover, the experience of the ages shows that social currents cannot be hemmed in by statutes, or restricted by the police.* If the limitation of

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* A special committee, appointed by the Michigan Board of Health in 1881, concluded that one-third of all pregnancies ended in induced abortion, that at least one hundred thousand volitional abortions occurred in the U. S. annually, and that nearly six thousand women died from the direct effects thereof (*N. Y. Med. Record* 1904, p. 489).

Prof. Lacassagne of Lyons (A. Dumas, *Thèses de Paris*, 1911-1912) has found in Lyons nineteen thousand abortions to eight thousand births annually in a city of only 450,000 inhabitants.

offspring has become the practice among all classes and all peoples, as the decrease in the birthrate in France, Germany, England and among the native-born in our country proves, it plainly shows that limitation cannot be suppressed by laws, and the penal codes of these countries ought to be in harmony with the social currents. A practice which is widespread among all classes, in spite of the legal, religious, ethical, and moral efforts for centuries to counteract, must be in harmony with the conscience of the people. If the laws against the limitation of offspring had sprung from the essence of the thing, or as Cicero said, "est hæc non scripta sed nata lex," the tide of volitional abortion would not have inundated the most progressive nations of the world, and the number of abortions would not be constantly on the increase.

How the people in this city regard the question of abortion is easily seen from the remarks of Vandiver (A. C. Vandiver, *Amer. Journ. of Obstetr.*, 1914, p. 1027 and p. 1035) and Krug. Vandiver tells of a case where the jury acquitted the operator because the abortion was highly successful, and that a successful abortion was a good thing. In ten years only three abortionists were convicted and all three were pardoned by the governor. Florian Krug was foreman of a Coroner's jury which refused to hold the abortionist in a case of death because the jurors did not believe in punishing anyone for a thing like that.

These few examples allow us to see things as they really are. They show the utter futility of the enactment of stringent laws by legislators who, on the average, have themselves no more than one or two children. Neither education nor moral advancement or social uplift will banish feticide from the world, if even ministers, who surely live on a higher plane, do not hesitate to ask their physician for a remedy to remove the product of conception in an unmarried victim of their parish and even in their own wives. The legalization of abortion seems thus to be entirely academic. The more civilization progresses the more frequent does artificial abortion become. And it is nowhere punished, because the operators are sheltered by the sympathy of the community. A jury cannot be expected to find a man guilty whose services the wives of many of the jurors or of the judge may some day need.

The limitation of offspring may be effected in four different ways. There is in the first place, the highly respectable, lawful and even honored device of celibacy and total abstinence. A con-

* In the middle ages the death penalty was put on the smoking of tobacco in some European countries, still people continued to smoke.

siderable part of humanity has surrounded this action with the halo of sanctity. An aureole is placed on the head of the religious abstainers. These celibates prove that total abstinence is compatible with perfect health. The nosology of the religious celibates, of the men or the women, does not in the least differ from that of any married man or woman. When a certain class of sexologists maintain that the repression of the sex-urge is the cause of a number of nervous anomalies they use the word sexuality with a certain vagueness of connotation and confuse it with sensuality. Sensuality is destructive, sexuality constructive. The sufferers from sexual repression are those living in the lowlands of modern sensuality. Only those shackled by an overpowering sensuality suffer by repression. The nervous tension and material congestion, stored up for days previous to the outburst, which represent the gross sex-urge, are consonant with the character of the stimuli applied. Where the gross sex stimuli are absent as in these religious abstainers, the internal sex-urge is reduced to nil. These abstainers are not tormented at all by passionate urges. Their sex-needs are not repressed as falsely asserted. Their sex-urge is almost entirely absent. They never have the full sense of desire.*

The natural impulses accumulated through the internal secretions find riddance in sublimation, i.e., in the exchange of the original object of sex for other higher objects. The higher aims are then the *equivalents* of the sexual voluptas, or of the sex-urge of ordinary mortals. The stored up nervous tension is vicariously discharged by being sublimated or transformed into energy in the service of great social ends, such as religion, science, art, charity or commerce. The primal impulses are switched into other forms of expression. They find their outlet in a kind of vicarious functioning. They take a psychic channel instead of the usual physiological. The sex energy is used in a different mode of expression. It is applied to the mental output. The brain-output of a Kant, Beethoven, Leonardo Da Vinci, Newton, Locke, Pope, Hume, Adam Smith, Goldsmith, Cowper, Macaulay, Herbert Spencer, all celibates, was due to sublimation of normal desire. Such men use up their sexuality in their work, which occupies their minds and satisfies the natural cravings. Their sexuality is not suppressed; it is merely directed into different paths and finds other forms of expression.

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* We fear that our author is not familiar with the inner life of nuns, monks, hermits and saints. A study of their own confessions would quickly show him the erroneousness of his views. Editor.

But although total abstinence is thus feasible in normal men and women, endowed with moderate sex-needs, still for practical purposes, this device of celibacy or abstinence, in the interest of the limitation of offspring, is of negligible value. Very few will use these means to secure childlessness.

Another device for birth control is castration or sterilization. But here the penal codes in many countries step in and prohibit these operations. Even in countries where suicide, or the destruction of the entire organism, may be committed with impunity, the ablation or elimination of the genital glands for the mere sake of securing sterility is often forbidden by law. It is not prohibited to remove a healthy appendix, if the individual fears that it may cause him trouble on a long journey. But if one wishes to have his healthy testicles or her ovaries removed, the law steps in and forbids the operation. The organs belong to the state and not to the individual.

But this device of castration or sterilization is also of very little practical importance. Castration is a serious operation. It deprives the individual of very important organs. The elimination of the internal sex-secretions, the testines or ovarines, through the operation, deprives the individual of valuable tonics. Castration in the adult does not change any more the individual's physical secondary characteristics, but the mental characteristics do change. The castrated man becomes effeminate, and the castrated woman assumes the mentality of the virago. The other operation of sterilization is quite innocent in nature. The operation may be performed in the male within five minutes and in the female within ten minutes, and the patients may attend to their daily duties after a few days of rest. The operated men or women do not change their characters either in the sexual or in any other manifestations of life. They remain the same as before the operation. Still very few will undergo even this operation for the sake of procuring sterility. Because once sterilized, the individual is condemned to childlessness for life. The reparation, although theoretically possible, is no easy task.

Thus the two absolutely effective contrivances of procuring childlessness have no practical value. The other device for the limitation of offspring is the prevention of conception by mechanical or chemical means and by Onan's well known trick in sexual congress withdrawal. This unnatural congress reduces the male orgastic intensity to a minimum, and the woman is entirely cheated out of

her climax, in the majority of cases. The love congress demands a certain degree of repose of mind, concentration of energies, direction of the idea towards the goal and intensity of attention. When the man is constantly reminded to be careful, all sentiment is destroyed. The couple's sex life becomes abnormal, masturbatic, and in the long run they both show all the symptoms of confirmed masturbators. The same may be said of the physical and chemical contraceptives. All the means resorted to, in order to prevent conception, spoil the libido and disturb the finer sensibilities of the couple. There is no method which will obviate the consequences of sex-life without some definite danger to health. The detrimental effects of the contraceptive practice are constantly being exerted upon the mental and physical organization of the couple.

What is still worse is that the unnatural congress as well as all the other contraceptives are rarely efficient, and the sacrifices have been in vain. All the various methods of prevention of conception are without exception inefficient. Robert Michels (*Sexual Ethics*, p. 262) tells of a friend who procreated every one of his five children, while using a different preventive measure. The propagandists of contraception in this country who give themselves the mysterious air, as if they, in their wisdom, have discovered absolutely effective contraceptives and are only prevented from imparting their treasured secrets by the legal obstacles, are only bluffing. They cannot divulge any more about these contraceptives than the greater part of the population has already tried and found wanting (B. S. Talmey, *Love*, p. 363).

Moreover the mechanical or chemical devices require a certain preparation, and preparation destroys the spontaneity. Now, spontaneity is essential to normal sex-life. Lack of spontaneity causes, if not absolute impotence in the male, at least a diminution of the intensity of libido, and sometimes renders both parties entirely impotent of experiencing libido. The healthiest form of congress is the automatic in which the participants forget all their hesitancy.

This need of preparation renders the mechanical or chemical contrivances inapplicable just in such cases where they are most needed, where a conception is nothing short of tragedy, namely in the unmarried victim. In the present state of sexual morality, no chaste girl will deliberately submit to be ruined, and very few decent men are so utterly conscienceless as to set out deliberately to ruin a girl for life. As a rule, where the mercenary motive is absent, the young people's object is innocent amusement. The

congress is a complete surprise to both of them. Preparation for them is entirely out of the question, they are not prepared for anything. The knowledge of contraceptives would hence be of no practical value in all these surprise cases of extramatrimonial impregnations.

The contraceptive propaganda is hence only a waste of energy. The propagandists may pat themselves on their backs over their wonderful achievement of having aroused a public discussion. But even if they succeded in repealing the laws against contraception, it would be of little practical value.

The fourth device for the limitation of offspring is induced abortion. This operation is prohibited by the laws of all civilized countries, hence the agitation abroad for the legalization of abortion. These European advocates demand that every undesired pregnancy should be allowed to be terminated prematurely. They proclaim the right of the woman to apply for aid when in her judgment she deems it best not to have a child. There would be no danger to the woman, they maintain, if the operation could be performed openly in a hospital by competent men.

The advocate of contraception claims that by his device the induction of abortion will be eliminated and the destruction of life avoided.* But granted that absolute effective contraceptives do exist, contraception also destroys life. If the embryo is a potential human being, so is the ovum and spermatozoon. When does the viability of the products of the sex-glands begin? Here is the ovum. It has left the ovary and on its way through the tube has become, by the process of maturation, a gamete, i.e., marriageable, and is waiting for the spermatozoon to be impregnated. Both, the ovum and the spermatozoon, are living organisms and represent a potential man. If a barrier, be it mechanical or chemical, is placed between the two and a union prevented, then the spermatozoon is destroyed in a very short time and the ovum usually discharged during the following menstruation. A potential human life has thus been destroyed. If it be morally right to destroy

* The experience in Holland proves this theory to be false. In the report of Treub and Katharina von Tussenbroek, who were appointed to investigate this matter, the two investigators state that the practice of volitional abortion has increased in a disquieting way equally among catholics, protestants and jews (*Gynec. Rundschau,* 1909, Vol. III. H. 18). Now in Holland prevention of conception is not prohibited by law. They have there even societies to instruct every one in need how to prevent conception. Still abortion is on the increase. This shows that contraception does not eliminate abortion.

these two lives separately by contraceptives or onanism, why is it not right to destroy them after their union? Supposing the woman comes to her physician with the statement that one of her ova has been impregnated by a spermatozoon, a day previously, and that a zygote, or impregnated ovum, has been lodged in her uterus of which she wishes to get rid. Why should she not be allowed to cause the expulsion of this zygote, say by Apostoli's method, if she be allowed to destroy the two gametes by certain contraceptives? As far as the woman is concerned, the removal of the impregnated ovum at that early date by competent help is connected with less danger to health than the practice of contraception. There is no immune period nor uninjurious means to prevent conception.

But says the advocate of contraception, where shall the line be drawn? If the zygote may be removed, in the first days after impregnation, why not the embryo after the first or second missed menstrual period, the usual time at which the victim calls for the interference of gestation? If the embryonic destruction is allowed, why not feticide in the last months of gestation? The answers to these questions are given by different authors in a different way.

Dr. Lion (*Monatschr. für Kriminalpsychologie und Strafrechtsreform*, Vol. IV., p. 287) and Dr. Eduard v. Liszt, district judge of Vienna (*Die kriminelle Fruchtabtreibung*) would limit the time to the point when the embryo takes on human form. This would correspond with the end of the tenth week. Another author proposes to limit the time till the embryo begins to execute its own movements, commonly termed "quickening," about the middle of the fifth month.* Other authors advocate the repeal of all laws against abortion.

Hans Gross, the greatest criminologist on the European continent, says (*Archiv für Kriminalanthropologie und Kriminalistik*, Vol. XII, p. 345) "I think the time is not far remote when the induction of abortion will not be punished by law." J. Kocks (*Centralbl. für Gynaecologie*, 1912, Sept. 21st)** exclaims, "Away with the bad laws which create artificial crimes instead of preventing evil-doing, because they are directed against artificially created pretended wrongs. Away with the laws against the induction of

* This was the rule in vogue in England. Until 1837, under the common law, abortion done with maternal consent before "quickening" was not considered a serious offence.

** Prof. Kock's article which created quite a *furore in* Europe was translated and published in THE CRITIC AND GUIDE, February 1913. Ed.

abortion. Let us return to the Roman principle "Fetus pars viscerum matris," hence she alone has the natural right of disposal over it." Dr. v. Sterneck (*Arch. für Kriminalanthropologie und Kriminalistik*, Vol. XXII, p. 73) and Albert Moll (*Aerztliche Ethik*) also demand impunity for volitional abortion. Von Hessert, first district attorney in Darmstadt (Oberstaatsanwalt v. Hessert in *Juristisch-psychologische Grenzfragen*, Vol. VII, p. 59) maintains that punishment of abortion in the first few months is at variance with the feelings of modern peoples. Therefore he advocates impunity for autoabortion. Only those who make a business of induction of abortions should be punished. Dr. Helene Stöcker (*Neue Generation*) asked the the opinions of six hundred scientists about the punishment of induced abortion, and of the one hundred and twenty who sent in an answer one hundred and eleven were for a radical reform.

According to the philosophy of these authors, the aim of all law and justice is the highest possible happiness of all citizens. Now, they ask, is, forsooth, in harmony with this aim of justice any law which orders a woman to carry to term a fruit conceived against her will, which forces her to make herself and this very child miserable and unhappy? The production of such a life seems to them to be a greater crime than its destruction. The right of woman to bear or not to bear a child is a fundamental human right of which only tyranny may deprive her. No woman, by natural right, can be forced to carry to term the unwelcome fruit of conception. The desire of the woman to rid herself of this fruit is not immoral. This desire may be out of harmony with the penal code, but it is in harmony with the laws of nature. Such a woman really renders a great service to society by refusing to bring into the world unwanted children. Her action is in harmony with higher morality.

Morality is the restraint of the instinct by the intellect. The primitive instincts which controlled the cave men are the same which control us to-day. The instinct to propagate our kind has been passed on to us unchanged from our arboreal ancestors. It is the characteristic of all living creatures to desire offspring. The first impulse of the normal human heart is to have a large progeny in order to secure a certain sure kind of immortality. But the intellect tells man that a large progeny is detrimental to the mother and to the very progeny, and he takes measures to check the number of his offspring. The control of the birthrate thus means

the arrest of the primitive instincts by the intellect and is essentially moral. It is a child of civilization. Civilization is also based upon the suppression of the instincts.

Induction of abortion is hence a moral and in no way an antisocial act. The laws punishing the same are founded solely upon the religious doctrine of the fetal soul. The presence on the statute books of such laws is hence justified only in a theocracy and is entirely out of place in a democracy. In every part of the social, domestic and political life of a democracy the welfare of the citizens, not of the machinery of the government, must be the predominant consideration. The foundation of all laws is the common interest—"Salus populi suprema lex esto"—, and it is of the greatest common interest to get rid of an excessive number of children.

The doctrine of the population-increase being of vital interest to the state is a false doctrine. It is quality and not quantity that really counts in economics as well as in war. Moreover a decrease in the birthrate is not incompatible with an increase of population. What counts is the number of children who survive,* and a decrease in the birthrate is invariably compensated by a decrease of the deathrate. If a woman gives birth to two children and both survive she has contributed a larger share to the population than the one who gave birth to half a dozen children, five of whom died early in life. These five dead children become an economic liability instead of an asset to the family and through the family to the community and the nation. The expenses of eighteen more confinements per thousand in Russia, are a great outlay saved in Australia. The eighteen more deaths in Russia represent a great economic loss. Every death is preceded by some sickness, and sickness is one of the greatest drains on the resources of the family. Child-mortality, therefore, represents a great public loss.

Moreover a lower average birthrate means more vigorous mothers, small families mean more vigorous children. The social end of marriage is the perpetuation of the physical and spiritual existence of the human race and its enhancement and improvement, both of which can be effected in a higher degree in a small family than in a large family.

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* Russia has the highest birthrate, 45 per 1000 people annually, and also the highest deathrate, 28.3 per 1000 with an annual increase in population of 16.7 %. Australia has a very low birthrate, only 27.5 and a low deathrate 10.8. The annual increase is also 16.7, exactly as that of Russia (Editorial *North Amer. Review,* August 1915).

Besides these advantages of smaller families the great value of the increase of population to the nation is very questionable. The interest of the nation is rarely served by a large population. Celebrated economists such as Malthus, Roscher, Mohl, Wagner and others are of the opinion that a stationary population, such as in France, is of greater advantage to the people as a whole than a steady increasing population which benefits only two classes, the ruling class by furnishing an abundance of soldiers and the captains of industry by furnishing cheap labor. As far as the other classes are concerned the limitation of offspring is essential to the economic equilibrium of the nation.

The claim that in the interest of general morality the state must punish the emptying of the uterus of the products of conception is not supported by experience. In England till 1837 the interruption of gestation before "quickening" was not punished at all. Still any numerical, physical or moral degeneration was not noticeable there during the entire period of this impunity, while in France with her stringent laws and heavy punishments for the induction of abortion the birthrate is constantly on the decrease and the nation on the decline.

The objections that the state must protect the rights of the unborn child, that the fetus has a right to existence, that the embryo is a potential man, that the germ of a personality must be treated as a personality, are answered by the advocates of the legalization of the termination of unborn life that human personality begins with the first and ends with the last breath. After the latter the individual ceases to be a man and becomes a corpse and has no rights any longer. Before the first inspiration the fetus is only a part of its mother and has no rights as a separate personality. The fetus is entirely destitute of a separate existence. All the solid and fluid parts of the product of conception, such as the placenta, liquor amnii, and navel cord together with the fetus form one sole organism. The lungs and brain of the fetus are entirely inactive, and it lacks the main attributes of a personality, self-consciousness. The activity of the intestines, lungs and brain begins only with the first breath, and the human being quality of the child dates from that moment. Before that moment the fetus represents a paternal and maternal cell-complex only and depends entirely upon the vital functions of the mother. In the beginning of gestation the fetus represents an obligate and in the later months a facultative parasite upon the mother's organism.

It is growing in her at her body's expense. Hence she ought to have the right of disposal over this cell-complex or parasite. By this disposal she does not destroy a personality. She only hinders an imaginary child from becoming actual. The infant that may arise of the cell-complex is as yet non-existent. There is no doubt about the vitality of the cell-complex, but vitality is also a proper characteristic of the ovum or any other maternal organ that possesses an automatic function, such as the glands. Here is not the question of life but whether this vitality is possible if separated from the maternal vitality as a whole. This question must be answered in the negative. The vitality of the embryo is conditioned upon the maternal vitality through its incorporation into her organism. Hence if there be an innate right of the individual to the free disposal of his own body he surely has a right to the disposal of a part thereof. The deprivation of this right is the mob rule of the penal code, impertinently interfering with private rights.*

It is the duty of the state to see that no one should have the right of disposal over the existence of the person of another. But the germ of a personality is not a person, and the mother by the removal of this germ has not disposed over the personality of another but over a part of her own person. Hence she has a right to impunity for autoabortion, i.e., abortion induced by the woman herself. The sacredness of unborn life is only a fiction, invented in the interest of the population-increase by the state machinery, to conjure the unthinking to unrestricted breeding. Life is not sacred at all. In the scale of the animal kingdom, the arthropoda stand next to the highest class, the vertebrates to which man belongs. The fly, the cockroach and the unspeakable bed-bug of the class of arthropoda are highly organized animals. Still we do not hesitate to destroy their lives because it suits our convenience. NO! Life itself is not sacred, but human personality is. If the fetus is not yet a personality, its life cannot be sacred.

Hence the state has no natural right over the human germ. If the state had such a claim upon the germ of man in the interest of the population increase, then masturbation ought to be punished by law as the Biblical law punishes onanism.** If society really

* Mob rule does not consist in pogroms and lynchings only. The worst mob rule is the tyranny of the legislative body or of the judicial decision under the guise of law.

** "And the thing which Onan did displeased the Lord: wherefore he slew him." (Genesis XXXVIII. 9-10.)

has a vital interest in the increase of population, this interest is no less injured by masturbation and withdrawal. Even the venereal diseases should be put under the ban of the law. "Syphilis is the king of abortionists, gonorrhea the queen of sterility," said once a scientist. The politico-utilitarian reason seems hence to be only an after-thought in the defence of the anti-limitation laws. The real basis of these laws is not the population increase but the theological sophisms, transmitted from the middle-ages.

It has been said that abortion could be punished as an injury to the physical integrity of the woman. But if she has an inherent right of disposal of her entire body she has surely a right to self-injury. Autoabortion or feticide with her consent ought, therefore, to be exempt from punishment.

It was also said that it is the duty of the state to prevent any injury to the rights of others. But if the fetus is not yet a man* it cannot have any rights which could be injured. The woman ridding herself of her fetus is only injuring herself, and if by the laws, based upon Roman jurisprudence, attempts at suicide are exempt from punishment, self-injury should surely not be punished.

Here the Roman principle and the Anglo-Saxon principle part ways. The laws based upon the Roman principle show a great inconsistency. Every living organism consists of two parts, the mortal and the immortal parts, or the soma and the germ-cells. The mortal soma cells pass through a certain cycle, the period of growth, the stationary period and the period of decay and death. The germ cells, on the other hand, may escape death. The products of the testicles and ovaries have the faculty to survive.**

Now the Roman law allows the destruction of the entire organism by suicide. But when the immortal part of the organism, the testicles and ovaries, or their products, are concerned, the law steps in and prohibits their destruction. Castration, sterilization, contraception or feticide are forbidden even by the laws based upon Roman jurisprudence. This is illogical, and the European propagandists are perfectly logical in their demands of changing the illogical laws.

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* This principle is recognized even by our own laws; feticide is not punished in the same way as homicide. The fetus has not the same legal standing as the newborn child.

** The descendants of Eve have all utilized a part of her ovary in the construction of their organisms. Her ovarian products still live in each one of us and they will continue to live until the end of time. "The immortality of the protozoon."

The Anglo-Saxon law, on the other hand, is perfectly logical. In harmony with the church, which even to-day punishes the suicide by refusing him the rites of the church, attempts at self-destruction are punishable. No one is allowed to destroy his own life, even if this life be ever so miserable and unhappy. Hence it is perfectly logical that nobody have the right to destroy with impunity the immortal part of the organism, the genital glands, by their removal, or their products by contraception or feticide.

Thus the European advocates of the legalization of feticide are perfectly logical in their demands, while the American propaganda for the repeal of the law against contraception is out of harmony with the philosophy of the Anglo-Saxon law. Where suicide is a crime, contraception or the removal of the products of conception, which may mean the destruction of countless future generations, could logically scarcely be committed with impunity. The agitation should hence be first directed against the anti-suicide laws. When they are repealed, then the anti-race-suicide laws may follow in logical sequence.

In conclusion the writer wishes to state that but for his amplification, the main features of the arguments in this paper may be found in the writings of the modern innovators of Malthusianism. The advocates of contraception look upon the question from the economic point of view and are mostly concerned in the checks to population. They maintain that a population of smaller quantity and better quality will be of greater benefit to the race than one of larger quantity and inferior quality. By free contraception they also wish to eradicate the destruction of budding life. The destruction of the two separate living sex-cells is in their opinion not against nature. With every ejaculation 200-300 millions spermatozoa are discharged, all but one must necessarily perish. The ovaries of the new born girl contain about 60 thousand ova. Of these 60,000 egg-cells no more than a dozen or two could ever reach their goal. The others will have perished by the time the woman has reached the climacterium. On the other hand, nature never kills the once united sex cells except in pathological cases. Hence abortion is contrary while contraception is, in a way, in harmony with nature.

The advocates of the legalization of feticide are, as a rule of the legal profession. They claim that contraception does not prevent conception. The best proof is that abortion is on the increase. It has existed since time immemorial, it exists now, and

it will exist. These propagandists are not so very much concerned in the restriction of the population. On the contrary, they are found in the militaristic countries, Russia, Germany, Austria, France, etc., where a large population is of a vast importance to militarism. But they have often to try cases of homicide of young women, caused by induced abortion. They are mostly concerned in the lives of thousands of young women who annually fall victims to the Moloch of abortion through the incompetence and neglect of the professional abortionists. The legal mind reckons with the "question of fact," and it is a fact that abortion is on the increase. So you may as well legalize it. If the operation could legally be performed in a hospital by competent men, the lives of thousands of young women could annually be saved.

Herein the writer begs to differ with the advocates of the legalization of feticide. He is satisfied that even legalization will not bring any great change in the personnel of the performers of the initial operation. Having lived the last thirty years in a medical atmosphere, he has learned to look upon the duties of the medical man from the sentimental and not from the strictly logical point of view, and his sentiments tell him that the physician's sacred duty is to preserve life and not to cause death.

Now, all the cavils about dependent life and separate personality may serve as a plausible excuse for the woman when she herself wishes to destroy a part of her anatomy, but for the physician, all the sophistries can not remove the fact that feticide destroys a potential personality. Granted that the fetus is a part of the mother like any gland or any other organ of her body, the fact cannot be denied that the gland will never assume an independent existence, while the embryo will be a separate personality after a comparatively short period.

Hence even if Hans Gross's prediction about the legalization of abortion on the continent of Europe should become true in the near future, it is the writer's opinion that even then the true physician will never lend his talents in the service of the destruction of life. The main benefit of legalization would lie in the after treatment. The initial operation is very easy anyhow. Thousands of women perform the same upon themselves. But the after treatment requires great skill which the professional abortionist rarely possesses and the autoabortionist never. Still as long as feticide is a criminal offence, the woman will hesitate a long while before she will reveal her secret to a competent man. Neither will

the professional abortionist consent to her consulting the proper man till it is too late. If the criminal aspect be removed, the abortionist himself would call a consultant in time to save the woman's life.

Legalization of feticide may thus save life and will never do any harm. The number of abortions can not increase to any great extent even after legalization. The number of women in the large centers of population, who did not undergo a couple of abortions during their sex-life is very small indeed. There is no use acting the ostrich and refusing to see things as they really are. The declining birthrate is a phenomenon in all civilized countries. The limitation of offspring has become a national institution not only in France but in all highly civilized countries, and the more progressive a country is, the farther has the limitation progressed. The cause is volitional restriction of the birthrate, not as Herbert Spencer (*Principles of Biology*, 1899, Vol. II. Chapt. XII.) wishes us to believe that the fertility of the race diminishes with its intellectual and moral development. The diminished fecundity among the modern progressive nations is not biological but volitional. When we hear that among college-bred women, in our country, the birthrate has fallen below the necessary average, the reason of this phenomenon is not that the knowledge of the bionomial theorem has any effect upon the ovaries, but that college-bred parents refuse to have a large progeny. Even the poor ignorant immigrants, in our country, decline to breed like rabbits. The same Irish or Jewish women who in their native countries, true to the tenets of their churches, were proud of their vast offspring, will try limitation as soon as they become somewhat americanized. We may, therefore, expect that with the spread of instruction and general education, limitation of offspring will reach the poorest sections of our population. Since contraception is not always effective—half a dozen accidents will surely happen in the life of every woman no matter what contraceptive she uses—the women who wish to avoid maternity will take their refuge in the artificial emptying of the uterus. Abortion will continue to increase and to exact an appalling toll from the lives of our women.

Now, according to the philosophy of our laws, legalization of feticide is unthinkable in this country. Hence some means must be found to enable the competent man to attend to the after-treatment of the unfortunate victims of the premature expulsion

of the impregnated ovum. Except in a few accidents, it is the neglected and incompetent after-treatment that kills. Under scientific competent after-treatment a fatal accident would be a rarity.

But scientific men show a great reluctance to treat any kind of expulsion of the impregnated ovum, whether induced or spontaneous. Except in a very few cases the differential diagnosis between a spontaneous miscarriage and an induced abortion is well nigh impossible even by a post-mortem examination. The patient will seldom reveal her secret to the gynecologist. She pretends spontaneity. She claims it was a miscarriage, it came on "by itself." When the specialist finds the patient with a uterine hemorrhage, with an abnormal temperature, or an offensive discharge, all these symptoms may proceed from a spontaneous miscarriage as well as from an induced abortion. Now, what is he to do? Notify the authorities? He may do a great injustice to the patient and her family and may have to defend himself in a suit for defamation. On the other hand, if he refuses to play the detective, and anything happens to the patient, he may be arrested on suspicion as the last attendant in the case, and if not arrested he will surely be dragged to testify before a coroner's jury, grand jury and petit jury and sustain a great loss in time and money. The surgeon is hence in a great dilemma between his duty to himself and family and to the state. The only way for him to escape this dilemma is to refuse attendance to any premature expulsion of the fruit of conception. The result is that all these patients, the innocent as well as the guilty, have to remain under the care of inferior men, and hence the appalling deathrate.

This state of affairs will not be changed until a way is found to amend the law that compels the physician to play the detective. His lips ought to be sealed as those of the priest of the confessional which no contempt of court proceedings can compel to open. Or the courts could accept in evidence his sworn report without dragging him away from his daily tasks. If the patient and the abortionist knew that the physician's lips are sealed, that he cannot betray them, they would not hesitate for a moment to call in competent help, and thousands of lives of our young women would be saved.

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ABORTION OR CONTRACEPTION—EDITOR'S REMARKS.

Dr. Talmey has given us an excellent paper and it has given me pleasure both to read it and to publish it in the Journal. But it contains several statements which cannot well be permitted to go without criticism. The principal criticism must be directed to his putting abortion and contraception on the same plane. When he says that it is morally the same thing to *prevent* the spermatozoon from coming in contact with the ovum (or rather the oöcyte), and *destroying* the embryo after it is formed, because in each case a potential human being is destroyed, the reasoning can hardly be characterized as otherwise than sophistry.

For if it is morally wrong to interpose any barrier between the spermatozoon and ovum because the formation of a potential being is thus prevented, then *mere abstaining* from intercourse is just as wrong, just as criminal. Because in abstaining do we not prevent the formation of potential human beings? And if the mere prevention of the formation of human beings is morally wrong, then any man is a moral criminal who does not impregnate his wife from fifteen to thirty times during his married life. And any woman is a criminal who refuses to bear just as many children as Nature would permit her.

On the other hand, the objection to abortion *does* hold good, because it *is* an extremely difficult thing to draw the line. If it is perfectly right to remove a fetus which is one day, or one week, or one month old, why is it wrong to remove it when it is four or five months old? And why has the thing that is permissible at five months become a crime at eight or nine months? And if the destruction of a fetus at eight months while it is still in the uterus is permissible, why does its destruction when it is one day old and is out of the uterus a crime?

I repeat I am no more a hypocrite on the subject of abortion than on other questions, and I fully recognize that in many cases the induction of abortion is the lesser of two evils; but *an evil it is and always will be,* and he who will not see the difference between the *prevention* of the formation of a fetus by harmless means, and the *destruction* of the fetus after it has been formed, is blind indeed. The two are on two entirely different planes, the difference being not one of degree but of kind. To say that contraception destroys life is ridiculous and untrue. *Nothing can be destroyed that does not yet exist.* Nor is the statement that the ovum and spermatozoon are living organisms true. Before im-

pregnation these are not living organisms; they are just cells, like any other cells in the body only highly specialized.

This is the principal weak point in Dr. Talmey's paper. There is one or two other points to which attention may be called. (1) I object to the statement that all means resorted to prevent conception spoil the libido and disturb the finer sensibilities of the couple, and that there is no method of contraception without some definite disturbance to health. This statement is incorrect. There are means of contraception which do not disturb the sensibilities or destroy the libido and are *absolutely devoid of any danger to health.*

(2). Dr. Talmey is against contraceptives because as he says, "All the various methods of prevention of conception are without exception inefficient." It would be interesting to know just what Dr. Talmey means by this statement. If he wants to give the impression that there is not a single contraceptive which is 100 per cent. efficient, then one may agree with him. But this is very far from nullifying the value of contraceptives. If a contraceptive is 99½ per cent. efficient then it may be characterized as one of the greatest blessings to humanity. That contraceptives are efficient *en masse* is sufficiently proved by the fact that in all civilized countries where contraceptives are in usage, the birth rate has been markedly diminished. It is sufficient to mention Berlin, where in 1876 the birth-rate was 270 per 1,000 married women, while in 1912 the percentage was 90 per 1,000 married women. This is certainly a tremendous showing, and is sufficient proof of the efficiency of contraceptive measures. As to individual cases, it is sufficient to state that we know of thousands of families who are using contraceptives regularly without a single mishap. When they decide to have a child they discontinue the use of contraceptives and pregnancy results. What more can one demand of a contraceptive? And to state, therefore, that even if we succeeded in repealing the laws against contraceptives it would be of little practical value, is to state something with which every rational and unbiased observer would disagree.

On the contrary, this would, as we have stated many times before, constitute the greatest progress towards the spiritual, moral, and economic welfare of the human race.

As to the author's remarks about abstinence, it would be easy to show their untenability, but as they are entirely irrelevant to the subject under discussion we will forego any criticism of them at this time.

Translated for the American Journal of Urology and Sexology.

UNRECOGNIZED SYPHILITIC LESIONS OPERATED SURGICALLY AS CANCERS OR AS LOCAL TUBERCULOSES.

By Professor Gaucher.

THE differential diagnosis of syphilis, cancer, and tuberculosis is given in all treatises of medicine and surgery. The distinctive signs of the syphilitic and tuberculous lesions and of cancer are apparently so well established in theory that it seems impossible for the diagnosis of these diseases to give rise to any error in practice. Nevertheless this diagnosis is at times very difficult, or at least it is very inaccurately made in a certain number of cases by surgeons supposedly of great experience and of excellent training.

Mistakes have been made in all stages of syphilis but they are especially frequent in the case of chancres, of gummatous infiltrations, and of bony and articular lesions.

Chancre of the penis has been operated upon for cancer, as illustrated in the following observation: Fifteen years ago a man of 55 years of age was presented to me as an operated case of recurrent cancer of the penis, the physician with whom he came adding: "For the past month this unfortunate man has been suffering, in addition, from a beginning cancer of the throat, or at least there are ulcerations of the throat the origin and nature of which I do not understand."

I commenced with an examination of the throat and found ulcerating syphilides involving the tonsils, the pillars, the posterior pharyngeal wall and even eating into the uvula. There was no submaxillary adenopathy. Rather surprised, at first, I continued my examination and found, in the region of the penis, a very extensive phagedenic ulceration, extending on either side, to the groins.

I then learned that the patient had been operated on four months before by Dr. X., a recognized surgeon, for a cancer of the penis. An amputation of the entire penis had been done, as well as a curettage of both groins, for the radical removal of the ganglionic mass. The operative wound had never cicatrized. Two months later there appeared lesions of the throat which kept on steadily increasing, and which, for the past month, assumed the character of rather deep ulcerations. A week ago, moreover, there set in an inflammatory condition of the right eye, which could be

easily recognized as an irido-choroiditis. With all these facts in hand I could readily reconstruct the pathologic history of this victim of surgery. A syphilitic chancre of the penis, unrecognized, either because of its depth, its extent, or its unusual appearance—I do not know which, because I did not see it—or else perhaps because of its mildness, or the inattention or ignorance of the surgeon; a chancre accompanied by bilateral enlargement of the inguinal glands. This unrecognized chancre, taken for an epithelioma—perhaps because of the age of the patient—is operated and radically operated, as has been described. The operative wound does not cicatrize and becomes a much larger chancre than the original lesion. At the end of two months, there appear mucous patches of the throat, and two months later an irido-choroiditis. Under mixed treatment consisting of injections of benzoate of mercury and potassium iodid by mouth, the lesions healed and the patient got well. But he has no penis, which is always unpleasant to contemplate, even at the age of 55 years.

I have seen another similar case, but this was less tragic.

Ten years ago a man of forty came to see me with a vegetating, bleeding, suppurating and purulent ulceration which had eaten away the glans and prepuce, and was accompanied by a bilateral inguinal adenopathy which was very large and painful. He denied all suspicious intercourse. His object in coming to see me was to have me recommend radium applications. The lesion resembled an epithelioma absolutely. Three surgeons who were consulted, one before and two after me, made this diagnosis, but luckily for the patient, refused all operative interference. For conscience's sake the patient's physician put him on antisyphilitic treatment and the so-called cancer was cured. It was an unrecognized chancre.

The same mistake has been made in the case of ulcerations of the uterine cervix, syphilitic chancres in this locality having been mistaken for epitheliomas and having been operated on as such. Here are two examples of this kind of error:

A woman entered my service for a generalized papular syphilitic eruption, with headaches, especially nocturnal. The diagnosis of secondary syphilis was positive. However, this patient had just come from another hospital where a surgeon had performed an amputation of the cervix for a "cancer," the operative wound having not yet cicatrized. The wound healed rapidly, the syphilitic eruption disappeared, and the headaches improved, under

the influence of mercurial treatment. This was a supposed uterine cervical cancer which was operated on, but did not recur.

A second similar observation: A woman entered my service at the Saint-Louis Hospital with a syphilitic roseola. She also came from a surgical service where she had undergone a treatment, the popularity of which is but recent, namely, with calcium carbide. As in the preceding instance she also was cured by mercurial treatment. This is another "successful case" which might be added to those of uterine cancer cured by surgery.

Syphilitic gummata give rise to errors in diagnosis just as do chancres.

For example, are not operated epitheliomas of the tongue which do not recur, often unrecognized gummas? Here is a case which shows the possibility of making this error: A patient in my hospital service presented on the right side of his tongue, a painful bleeding ulcer, the seat of sanious suppuration, with an indurated base. At the angle of the jaw, on the same side, there was a painful gland. This lesion absolutely resembled a cancer from its objective and functional signs. The patient had had syphilis but this fact was of no value in the diagnosis as there is no cancer of the tongue without a previous history of syphilis. I called into consultation, in turn, the three hospital surgeons, who all diagnosed, as I did, a cancer, and proposed operation. Despite this unanimity of opinion the patient refused operation and kept repeating, obstinately: "Since I've had syphilis give me injections, I don't want to be operated on." This was done, and after fifteen injections of benzoate of mercury the tongue was cured. Another instance where the patient was right and the doctor wrong.

It is for this reason that I have made it a rule, especially after this experience, invariably to prescribe a preliminary course of mercurial injections in every case of cancer of the tongue, even the most obvious, and it is only after the failure of antisyphilitic treatment that I consent to an operation which is always, sooner or later, followed by a recurrence.

I believe, furthermore, that there are syphilitic tumors of the breast which are taken for cancers. I do not speak only of gummas or of gummatous infiltrations which may indeed lead to error in certain cases, but which are, as a rule, correctly diagnosed. I have in mind especially those cases of unilateral or bilateral chronic mammitis the differentiation of which from cancer of the

breast is so difficult. I have seen this mammitis in a certain number of women who were either proven syphilitics or else suspected of the disease. These cases of mammitis, operated for cancer, do not recur, which is different from cancer of the breast the recurrence of which, sooner or later, after operation is almost certain, as in all cancers.

Just as chronic mammitis is common in syphilitic women, so is simple hypertrophy of the prostate common among syphilitic men. I have observed this for a long period. It is for this reason that chronic mammitis and prostatic hypertrophy do not recur after ablation.

The confusion of syphilis with local tuberculosis has more serious consequences, especially in the case of bony or articular lesions. For some time past I have been calling attention to the resemblance between the suppurating osteites and osteo-arthritides of tertiary heredo-syphilis and the tuberculous osteites and arthropathies.* Many of the suppurating osteites and chronic arthritides in children, regarded and treated as local tuberculosis, are in reality, unrecognized hérédo-syphilitic lesions. In fact, in children treated for tumor albus, or for coxalgias, or for spina ventosa, or for bony suppurations, in any region, I have very often been able to find undoubted dystrophic stigmata of hereditary syphilis or a positive Wassermann reaction, sometimes both at once.

Suppuration is not limited to tuberculosis and cannot be regarded as a distinctive feature of that disease. One sees too much of the idea that "hereditary syphilis is hypertrophic, and tuberculosis of the bones is suppurating and destructive." As a matter of fact, as I have shown, after having observed it many times myself, *hereditary syphilis of the bones may be suppurative just as much as is tuberculosis of the bones.*

It is because of their ignorance of these facts (unknown as well to physicians) that surgeons have for years incised and curetted cases of osteitis and osteomyelitis which could be cured, and which, in fact, I have often cured after long years of unavailing surgical treatment, with mercury and potassium iodid. It is

* Gaucher: Les ostéites suppurées et les ostéo-arthrites de l'hérédo-syphilis tertiaire. *Annales des maladies vénériennes,* No. 1, Aug. 1915. Les ostéopathies de l'hérédo-syphilis quaternaire (with Levy-Bing). *Annales des maladies vénériennes,* Jan. 1908.

La dactylite osseuse suppurée syphilitique. *Annales des maladies vénériennes,* June, 1910.

unnecessary to repeat at this point certain convincing cases which have been given in detail in several previous publications. I wish merely to add this: Before being regarded and treated as a tuberculous lesion, every case of osteitis and tumor albus in a child should be made the subject of a minute study, including careful interrogation of the father, performance of the Wassermann reaction, and the search for stigmata which may reveal the presence of hereditary syphilis where it was not suspected at first; and finally, every such suspicious case should be subjected to the therapeutic test with mercury and iodides. This treatment before being given over as useless, should be continued with perseverance and uninterruptedly for several months for it often takes very long, in these bony, and especially articular lesions, to produce appreciable effects.

But it is not only in the case of hereditary syphilis that these mistakes have been committed and are still being committed every day. There are also cases of tumor albus in the adult which are the result of acquired syphilis and which are wrongly treated as tuberculous tumor albus, and even operated on as such. I have seen two cases of amputation at the thigh for unrecognized syphilitic arthropathies of the knee,—two victims of the habitual ignorance of syphilography.

The first case is that of a woman who was admitted to my wards after her discharge from a surgical service where she had undergone an amputation of the thigh for a tumor albus of the knee. This patient came to be treated for a patchy tuberculous syphilide of the shoulder of six months' duration. The arthropathy of the knee for which she had been operated was of only slightly longer duration, dating back ten months. The woman was 35 years of age and had been syphilitic from her twentieth year. Specific treatment readily cured her of her cutaneous syphilide, as it would have done, undoubtedly, of her tumor albus, had the nature of the latter process been recognized.

The second case is still more instructive. A woman, aged 30 years, entered my service for an arthritis of the left knee. She had had her right thigh amputated two years before, for a similar arthropathy, which was considered a tumor albus. She had just been sent to a surgical service where they wanted to amputate her second thigh! Before resigning herself to become a legless cripple, this unfortunate woman, who was aware of her previous syphilis and who had been treated for this disease a dozen years ago, was anx-

ious, at least, to try a course of specific medication and it was for this reason that she came to us for treatment. The patient was wiser than the surgeon, for she escaped operation and was cured rather quickly by the usual medication of her new arthropathy, as she should have been cured of her original tumor albus had she been subjected to appropriate treatment.

As a result, I cannot recommend too strongly to all my colleagues, in all bony or articular lesions of tuberculous appearance, in children and in adults, and even in many tumors, apparently cancerous in appearance, to perform a Wassermann reaction, and, especially to apply the therapeutic test with mercury, before making a positive diagnosis and before giving up the patient to the surgeon. I myself have often been in doubt and have even regarded as tuberculous or cancerous, lesions which, contrary to all expectation, readily healed under mercurial medication.

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INJURIES OF THE FEMALE SEXUAL ORGANS CAUSED BY ABSTINENCE.

By A. Theilhaber, M.D.

The great majority of women and girls endure sexual abstinence without injury to their genital organs; anatomical lesions are usually not caused by abstinence. Among the minority of women, the nonsatisfaction of the sexual impulse is the cause,—now and then—of temporary *functional* disturbances in the region of the genitals, the most frequent of which are discharge (leucorrhea) and pains in the back and abdomen. The discharge must be traced to the hyperemia of the genitals, chiefly of the uterus. Here the lesion is not a genuine endometritis, but only a hypersecretion caused the transitory congestion of the genitalia. The discharge is temporary only, chiefly before and after menstruation, and on some days is altogether absent. I treated two girls who told me that after having made a liaison the discharge improved and disappeared regularly for several days after intercourse. True, both were cases of very nervous girls—certainly, nervousness also is a cause which not seldom may produce temporary hypersecretion of the uterus. It is possible, that once in a while, perhaps, also a tendency to excessive discharges of blood during menstruation may be produced by hyperemia which had its source in abstinence. However, cases which prove this are not known to me.

There are gynecologists who maintain that endometritis, oophoritis and metritis are caused by abstinence. These assertions may, perhaps, be explained by the following circumstances: Until the most recent time the definition of the diseases endometritis, metritis, oophoritis, etc., was not correct. The exceedingly numerous physiological variations of the structure of the mucous membrane of the uterus, of the muscular layer of the uterus, of the ovary, etc., were not known. Consequently, many variations of the normal texture were termed endometritis, oophoritis, etc. Not till the last years when my work was published which was corroborated by the investigations of Aschoff, Hitschmann, Adler and others, have the numerous variations in the normal structure of the internal female organs become known. As a result the great majority of gynecologists have begun to define the "anatomical disturbances" differently than they did in the past.

Apart from the leucorrhea, now and then there appear *pains in the back and the abdomen* and, again, principally among girls and chiefly during the time which antecedes or accompanies menstruation; these pains may disappear for several days, and evidently are caused, now and then, by the non-satisfaction of the sexual impulse.

As to the disposition to the formation of *tumors* in the genitals, there are certainly differences between women who have born children and such ones who have not. It is not known whether in the latter category there is a difference between abstinent women and such ones who have intercourse. Myoma of the uterus is more frequent among nulliparæ than among women who have born. However, it is more frequent among women who have given birth to few than among those who have given birth to many children. A difference between the abstinent nullipara and the nullipara who has relished the joy of love is not known to me.

It is expedient to divide the *carcinomas* of the uterus in those of the cervix and those of the body. Of one hundred carcinomas of the uterus about ninety originate primarily in the cervix and ten only primarily in the body. The carcinomas of the cervix are percentally by far more frequent among women who parturiated often than among those who parturiated seldom. Among sterile women they are very seldom percentally. Evidently, many of the cervical carcinomas are of a traumatic origin and caused by the contusion of the cervix of the womb.

It is not known whether in this regard abstinent nulliparæ

differ from non-abstinent nulliparæ. Cancer of the body of the womb is comparatively more frequent among nulliparæ than among women who bore children. This is not necessarily connected with the possible abstinence, for carcinomas of the body appear mostly among women who are quite old (beyond the climacterium). Now and then, chronic (principally gonorrheal) inflammatory processes may cause sterility in youth, and then carcinomas at an advanced age.

The percentage of carcinoma of the breast is somewhat larger among nulliparæ then among women who gave birth to children; and somewhat larger among women who did not nurse than among those who did. These differences may be connected with the better development of the mammæ in consequence of the more frequent pregnancies and deliveries.

The influence of lactation would be still more striking if mastitis which now and then goes with lactation, did not counteract its favorable influence, by increasing the disposition to carcinoma. That abstinent nulliparæ are affected with carcinomas of the breasts more frequently than others in very improbable.

By far more unfavorable than sexual abstinence is the conjugal union with men who are suffering from certain forms of sexual neurasthenia with a tendency to precipitate ejaculations and a considerably reduced potency. This form of neurasthenia is extraordinarily frequent among men of the educated classes. Among such women the consequences of an insufficient satisfaction after sexual irritation, are usually more frequent and vehement. Quite often they complain, principally after an unsatisfactory coitus, of pains in the back, in the abdomen and of leucorrhea. Among these women, of course, masturbation is quite common.

THE QUESTION OF SEX IN INFANTILE MEDICINE*

By E. Apert, M. D.

Physician to the Andral Hospital, Paris.

From time immemorial physicians have recognized the importance of sex in pathology.[1] Certain diseases are peculiar to,

* I am glad to publish Dr. Apert's paper, because it delivers another blow to the erroneous notion, that children are asexual beings, and the sex instinct becomes manifest at puberty only. W. J. R.

[1] Hippocrates laid it down (Aphorism VI, 29: Γυνη οὐ ποδαγρια, ἠν μὴ τὰ χαταμὴνια αὐτὲν ἐχλιπη that is to say: women never have gout as long as they menstruate.

or very predominant in, one sex. Such, in respect of females, are chlorosis, goitre (70 per cent), chorea (75 per cent); Graves' disease; simple ulcer of the stomach (70 per cent.; rheumatoid arthritis and renal ectopia (25 per cent). In males on the other hand we get gout, progressive muscular atrophy (80 per cent), and a number of familial diseases such as hemophilia and atrophy of the retina, only to mention a few of the best known. We are aware also that men and women react differently to the same disease. Women support chronic diseases better, they are less robust but have more resistance and react less powerfully but often more effectually.

In opposition to what is often taught it is not only after puberty that these differences manifest themselves. They are present from earliest childhood, possibly less pronounced but still obvious. The phase of well-marked sexual differentiation which begins at puberty merely emphasizes differences which are already existent. Doubtless these sexual differences are, so to speak latent in the child but this is due to the quiescence of the sexual organs. We must not forget however that this quiescence is not quite complete for as a matter of fact, not only in childhood but even in fetal life, we meet with noteworthy differences according to sex. As soon as the fetal heart becomes audible it beats more rapidly in the female than in the male infant. This difference however is too small to assist us in the *ante-partum* diagnosis of sex because it is less than the individual difference. It is confirmed however if, instead of taking the individual case, we establish averages. A more constant difference is that bearing on weight and length. On an average, boys at birth weigh 150 grammes more than girls. The average length is 50.5 centimetres for boys and 48 centimetres for girls. This difference is not due to better conditions of nutrition leading to the birth of boys and *vice versa*, on the contrary, throughout the animal and vegetable world abundance and good quality of food yields an excess of females. In the human species itself statistics show a marked excess of male births in poor countries and those ravaged by war and famine or inhabited by a population which is gradually disappearing, like the Maoris, while daughters are in the majority in rich, well-fed peoples, reaching its maximum in England. It follows that external conditions tend rather in favor of greater weight on the part of the female and as in reality they are smaller this must be due to a difference of

nutrition in relationship with the difference of internal secretion of their genital gland. Now at birth the difference between the two sexes does not bear solely on size and weight, there are morphological differences, slightly marked as yet, but unquestionable. If we place a series of newly born infants side by side on their bellies so that they are only seen from the back, the genitals being hidden from view, and try to distinguish the boys from the girls, though we shall not invariably guess right, I for my own part have been correct in 80 per cent. With another object in view Le Damany brought out these differences in a more direct and concrete manner.[1] In studying the pathogenesis of congenital dislocation of the hip, in order to ascertain whether the suggested pathogenesis afforded an explanation of the greater frequency of this congenital lesion in girls, he took numerous very exact measurements of the diameters of the pelvis in the newly-born of both sexes, and he arrived at the following conclusions:

"Girls have the pelvis markedly everted below and the cotyle is almost vertical. The pelvis of boys is narrower at its lower aperture and wider above and the cotyle is more inclined downwards than that of girls. The antero-posterior thickness of the trunk opposite the anterior superior iliac spines is markedly greater in girls than in boys, the antero-superior spines are more prominent in girls than in boys, the ischia are more widely separated in girls, the average twist of the femur is 34° in the male sex and 37° in the female sex." It will be seen therefore that there are noteworthy sexual differences even at birth. After birth the sexual differences tend to become more and more pronounced. We know that soon after birth there is a "genital outburst," shown histologically by changes in the testicle and in the ovary in the direction of spermatogenesis or ovogenesis, and, clinically, by local and constitutional phenomena." This "genital outburst" of the newly born [2] is curious enough to warrant our dealing with it at some length. Within the first few hours that follow the establishment of extra-uterine life the ovary presents an increase of size with vascular congestion. The cells of Graafe's follicles undergo active proliferation and we can even detect the beginning of ovular formation going, it may be, as far as dehiscence of the follicles and shedding of ova. In less marked cases the follicle does not rupture and after the period

[1] Le Damany. La Luxation Congénitale de la Hanche. Paris, Alcan 1912.
[2] Renouf. La Crise Génitale et les Manifestations Connexes chez le Fœtus et le Nouveau-Né. 1 Paris, Thésis 1905.

of increase comes a period of retrogression and atresia. Sometimes several follicles undergo these changes at the same time but at different degrees of maturity. The uterus is hyperemic, the mucosa is congested and this congestion often culminates in an effusion of blood into the cavity of the uterus. In exceptional cases (6 cases out of 221 female infants: RENOUF) there is actual metrorrhagia and when the child is undressed we find on the linen a brownish stain or possibly some blood clot with blood still oozing from the vulva. This sanguineous discharge may persist for 36 or 48 hours.

In boys the testicle is the seat of similar changes; it is intensely congested, the cells of the seminiferous tubules undergo proliferation shown by figures of kariokinesis. The prostate increases in size and its cavities are filled with viscid secretion. Clinically, the testicular congestion is accompanied by increase in size of the organ and the effusion of serum into the tunica vaginalis. This may be small or considerable in amount constituting what is known as vaginal hydrocele of the newly-born. This hydrocele attains its maximum between the tenth and the twentieth days and, as a rule, disappears in the course of a few weeks.

This "genital outburst" is accompanied by constitutional phenomena suggestive of puberty.

In respect of the skin there is exaggerated secretion of sebaceous matter which forms a greasy white deposit in the cutaneous folds. On the face, especially on the alæ nasi, the glands become filled with sebaceous matter forming little white spots embedded in the epidermis (sebaceous miliaria of the newly born). At the same time a fine down comes out all over the body, known as LANUGO, more particularly on the extensor surfaces of the limbs and on the trunk, in the middle of the back along the spinal column. This very fine down, as a rule lighter in color than the hair, is shed in the course of a few weeks. The forehead sometimes becomes covered with short fine bristles, darker, coarser and stiffer than the down. These also disappear in three or four weeks.

Lastly, in the infant girl as well as in the infant boy, we witness a swelling of the breasts which is only lacking in very tiny or very weak new-born infants. On and after the second or third day of extra-uterine life we can feel underneath the nipple the gland the size of a cherry kernel; its size increases during the first week and in the course of the second week the gland spreads out over the pectoral region, attaining possibly from ten to twenty

millimetres in diameter which is a good deal on such a small thorax. After the fourth or fifth day, the nipple can easily be made to ooze by gentle pressure giving issue to a drop of whitish serum. Towards the eighth or tenth day a milky fluid oozes away on the slightest pressure and in some cases lactation is copious enough to yield eight or ten cubic centimetres of fluid. In such cases analysis shows the chemical composition of the fluid to be identical with human milk in full lactation period (Apert and Bucaille).[1] The secretion persists during the first two or three weeks, then subsiding while at the same time the prominence of the mammary gland diminishes and soon becomes imperceptible.

In short, the activity of the genital glands manifests itself at this age by phenomena analogous to those which will be displayed later on at puberty: growth of hair, sebaceous hypersecretion and mammary activity. The only difference is in the distribution of the growth of hair which is general and not limited to particular areas, and in the existence of the mammary outburst just as marked in one sex as in the other whereas at puberty it is fugitive and slight in the male sex.

At the end of a few weeks of extra-uterine life the genital outburst subsides, the testicle and ovary return apparently to a state of quiescence along with the organs which they had stirred up: breasts, sebaceous glands and hair follicles. Nevertheless the action on the organism of the genital organs is far from negligible. It is an unpardonable error to write, as has been done, that the infant is asexual. No doubt ovogenesis and spermatogenesis are arrested, at any rate the cellular proliferation slows down and does not culminate in anything, but the tissue of the genital glands none the less goes on secreting, at any rate in respect of its internal secretion. As a matter of fact the differences between the little boy and the little girl are becoming more and more pronounced, so much so that, long before puberty, boy and girl have become two very different beings, differing morphologically and also, and especially, functionally and psychologically; indeed, differing even pathologically. Those who talk of the coeducation of the sexes can never have looked at boys and girls together except thru the tinted spectacles of their beautiful theories. A parallel education is conceiv-

[1] Apert *et* Bucaille: Hypertrophie mammaire et sécrétion lactée abondante chez une nouvelle-née, analyse du lait. Soc. Méd. des Hôpitaux de Paris, March 26, 1908, p. 42.

able and even desirable, but the difference between the sexes is far too great for uniform education to be practicable.

Let us define these differences. To begin with, they are morphological. As she grows the little girl remains smaller, lighter, of more delicate texture than the boy of the same age. Her limbs are more finely shaped, the contours of her body are more rounded and even at this stage the adipose layer is comparatively more developed whereas in the boy the muscular system is the more important. The features from the second, indeed even from the first, period of childhood are softer, more rounded and the hair is longer and finer. Pediometric measurements reveal important differences: the head is comparatively smaller in the girl (Bonnifay), the shoulders more sloping, the back more rounded, the waist narrower, the pelvis wider and shallower. The abdomen is more prominent as are also the buttocks, the thighs are more oblique, the hands and feet smaller.

The physiologic and psychologic differences are even more pronounced. The girl-infant utters her first expressive words and begins to walk on an average two months earlier than the boy (eleven months instead of thirteen). She is less turbulent, more reflective, more cautious. By the time she reaches two or three years of age her habits and ways of thinking differ profoundly from the other sex. This is why they do not play the same games. These differences become more and more marked as they grow older, the boy's mind is full of soldiers, mechanical toys, aeroplanes, etc., whereas the girl only thinks about hats, dresses and dolls. At six she already displays *womanly* and even *maternal instincts*, her individuality asserts itself much earlier than that of the boy. She displays more fixity in her desires and obstinacy in her tendencies and this is why girls are more difficult to educate in common (school mistresses of mixed schools have remarked it).[1] This too is why she is more amenable to individual education, at any rate at the hands of an intelligent teacher who knows how to adapt herself to the individuality of her pupil. Speaking generally, allowing of course for the great divergencies between different subjects, girls have a better memory, more taste, more mental delicacy, sharper wits but are less able to grasp abstractions and generalisations or to view things as a whole. It is easy to render their

[1] This statement will hardly meet with general acceptance. The consensus of opinion of our American school teachers seems to be that it is much easier to handle a class of girls than a class of boys.—Editor.

knowledge more extensive but do what we will it remains more superficial. In short, these differences are, in the main, the same as those which, later on, we remark between men and women when in one the ovary and in the other the testicle are in full working order.

It is therefore not surprising that the two sexes should from childhood on display different pathological predispositions. We are aware that more boys die than girls, so much so that the excess of male births (1045 as against 1000) gives place by the end of the first year to an excess of females, and this goes on increasing. Tetany too is said to be more frequent in boys and convulsions in girls. But the influence of sex is particularly well marked in respect of chorea. Sanne's statistics show that out of 165 cases 131 were girls and only 34 boys, a fact of some importance, confirming what has previously been said that its predominance in the female sex is not more marked only in bigger children. Sanne's statistics show that it exists from the beginning. Here are his figures:

Under 6; 5 boys, 22 girls (81.4 per cent).

From 7 to 10; 13 boys, 53 girls (80.3 per cent).

From 11 to 14; 16 boys, 56 girls (71 per cent).

As will be seen, they even show a more marked preponderance in the female sex in children under ten than over that age. This preponderance exists and is even more pronounced under six. We are therefore justified in stating, in respect of the liability to chorea, that the preference for the female sex is shown at least as much in childhood as at adolescence.

It is consequently indisputable that from childhood onwards certain diseases display a preference for a particular sex without any adequate explanation being forthcoming on the ground of collateral circumstances (environment, habits of life, etc). No, this predominance is due simply and purely to sex *per se* independently of any other cause. With regard to diseases that affect one sex as much as the other a difference is also to be noticed between these manifestations in the boy and in the girl respectively. It is true, gastro-enteritis, broncho-pneumonia and the eruptive fevers, only to mention the diseases that account for the greater number of deaths during the first few years of life, do not appear to behave differently in little girls than in little boys. Statistics however go to show that boys and girls in the first year of life react differently to disease since for an equal population 121 boys die for every hundred girls.

No influence can be invoked to explain this excess of deaths except a lesser resistance to disease.[1] Boys are not less well tended than girls, on the contrary, in certain classes and in certain countries, the birth of a boy is always looked forward to while the birth of a girl causes disappointment, yet the higher rate of male mortality is common to all latitudes, the boys dying in larger numbers than the girls. In this connection here are the official figures published in the "International Statistics" of the French Minister of Labor (L. March, editor).

Deaths of children under one year. The coefficient of mortality among boys contrasted with that of girls, taking the latter as 100:

France	121	Sweden	123	Bulgaria	114
Belgium	120	Russia	113	New South Wales.	118
Netherlands	121	Germany	120	New Zealand	124
Switzerland	123	Austria	118	Uruguay	112
England	123	Hungary	117	Japan	110
Denmark	124	Italy	111		
Norway	122	Servia	110		

The author calls attention to the fact that the lowest figures (below 120) come from countries in which the infant mortality is highest. This fact can be explained on the ground that in these countries numerous children of both sexes, though born with ample powers of resistance, succumb to unavoidable grave infections. The excess of mortality, due to a feebler resistance on the part of the male sex towards less acute affections, is thus attenuated. But even in countries with a high infantile mortality the excess mortality among male children invariably exceeds ten per cent. In the others it rises to from 20 to 24 per cent., which is enormous and shows clearly enough that the influence of sex in pathology is much greater than simple clinical observation would lead us to expect.

This influence indeed persists and makes itself felt during the period from 1 to 4 years of age as shown by the following figures taken from the same source.

Annual Deaths according to Sex (children from 1 to 4), year 1910:

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[1] It has been asserted however that as boys are usually bigger than girls at birth they are more liable to obstetrical traumatism during labor. This however would only account for the excess of mortality during the first few days of existence whereas the excess persists throughout the first and second periods of childhood.

	BOYS	GIRLS		BOYS	GIRLS
France	16738	16593	Italy	54520	52951
Belgium	5009	4783	Spain (year 1907)	43883	41537
Netherlands	3965	3633	Servia (year 1909)	9443	9367
Switzerland	1638	1542	Bulgaria (year 1907)	8984	8282
Gt. Britain and Ireland	30058	28305	Roumania (year 1903)	13775	13671
Denmark	911	791	U. S. (State of Maine	369	349
Norway	901	799	— — Michigan)	1434	1297
Sweden	2502	2209	Australia	1488	1297
Russia (year 1906)	341515	292214	New Zealand	259	219
Germany	47419	44790	Uruguay	899	854
Austria	36172	35593	Japan	69058	68805
Hungary	36176	35847			

It will be seen then that in all countries many more boys die than girls between 1 to 4 years of age. This is all the more remarkable seeing that, at this period, the population everywhere comprises more girls than boys. In the subsequent period (5 to 9 years) this excess becomes less marked and during the periods 10 to 14 and 15 to 19 gives place to an excess of female mortality which may be explained by the earlier age of puberty in females, this being a critical period. After 20 years of age the total mortality remains definitely lower among females in spite of the risks entailed by pelvic affections, pregnancy and labor and this too notwithstanding the preponderance of females in the population.

Admitting that in early childhood it is very difficult by mere clinical observation to make out any difference in the way the female and the male organisms respectively behave in presence of disease this does not hold good with regard to bigger children. In the latter we find a tendency to differences of the same kind as those met with in the two sexes in adult life. The boy reacts more violently to disease and is more rapidly knocked over, he also does not recuperate as quickly when the illness takes a favorable turn and does not resist as long when suffering from a chronic affection that terminates fatally. From a psychical point of view the boy is less impressionable, less concerned about his future, he is not as cautious and requires to be carefully watched in regard to minor matters and the carrying out of the treatment. These of course are differences in the aggregate and we must reckon with very many different individual tendencies. From this point of view there are boys who are girls and girls who are boys, but speaking generally, the fact remains that the psychic influence of the doctor, his soothing words, his encouragement and his injunctions (allowing for individual differences with which the family doctor is of course familiar) should be modified somewhat according as he is dealing with a boy or girl. For the former, brief

injunctions appealing to his amour prope, or even his honor, even mild chaff; for the latter we need not hesitate to give our advice at greater length, going into details and explanations. As for treatment and posology I do not think the foregoing considerations need to be taken into account with regard to the sex of the patient. We might possibly be disposed to administer somewhat larger doses to boys for a shorter time and *vice versa* for girls. But these are trifling differences in presence of the indications to be drawn from the individual state of each patient and we shall be guided more by our clinical sense.

However this may be, it is not without interest to show that from infancy onwards and in early childhood the influence of sex is manifest, as shown by well-marked differences in the proportion of deaths.

Contributed to the American Journal of Urology and Sexology.

PSYCHOSEXUAL TRAUMATA AND THE CHILD

By E. S. Shepherd.

LET me confess right here at the beginning, it may ruin my reputation, but it has to be admitted; I am a follower of Freud or think I am, which is just as bad. In a general way every one who dips into sex must sooner or later become a Freudian—usually with mental reservations. Being a Freudian is like being a Darwinian, one accepts as much of Freud's doctrine as his experience in life enables him to appreciate. In reading over the foreign sex-journals one is struck by the number of writers who begin a paper with a statement of profound disapproval of Freud and then whenever his data or inferences will bolster up their own hypotheses, steal from him without an apology. From which it may be inferred that our Viennese professor has hit upon and developed a very pregnant hypothesis.

Unfortunately, in any branch of science, there is always the danger of mistaking the leader's hypothesis for a full and final explanation of all things, mundane and other. One is apt to overlook some of the simplifying assumptions upon which the hypothesis is based and to generalize or specialize somewhat too hastily. The reader may recall Fiske's celebrated deduction as to how the rattlesnake came by his rattles. Fiske probably thought it good science. Or we may cite a case from one of the *exact*

sciences: When van't Hoff brought out his work on solutions it became easily possible to compute the atomic weights of elements from their effect on the boiling temperature of dilute solutions. There were not lacking those who applied the formula with more frequency than discrimination. Thus from some work on amalgams one scientist computed that the atom of sodium must be dissociated into 'something' of half the atomic weight of the element. Other and more careful students showed that while his arithmetic was sound, he had ignored one little assumption used in the formula which assumption was not negligible in this particular case. When suitable correction was made the figures fell once more into line and the world was spared the horrible possibility of having its table salt acquire dubious and perhaps explosive properties. This little example from the field of *exact* science may serve as both a warning and a comfort to those of us who have been at times alarmed and puzzled by some of the deductions of the Freudian school. What they say may be absolutely true and yet not cover the whole of a situation.

And for that reason I hope one may be pardoned if while paying the highest tribute to the genius of Freud and the industry of his pupils, one still refuses to "view with alarm," and insists that a certain amount of humor may be allowed even to a follower of the prophet. Surely the Freudian doctrine is no dogma any more than is the Origin of Species, with which many of us class it, and in science one may doubt, reinterpret, or utterly deny any tenet of the creed if only he keeps his mind open for new data, new inferences.

Thus it happens that when one reads some of these papers on the proper handling of childhood as the Freudians see it, one may be permitted a few mental reservations as well as not infrequent smiles. Tannenbaum's paper on Sexual Abstinence and Nervousness, in the June issue of THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY, is so clear and courageous that it may be a bit impertinent to criticise some passages. For the most part it squares with the conclusions of every unbiased investigator, but when he cites the influences to be avoided lest we initiate psychosexual traumata in children one feels somewhat bewildered. One is reminded of the beginner in bacteriology.

It usually happens that the more excitable students are terrified on first acquaintance with bacteria. These little creatures are so virulent, so fecond, and so omnipresent, that it seems a miracle

for any of us to be left alive, and it really is. What happened was that we ignored the fact that a *tendency* does not necessarily proceed to its logical conclusion. It usually excites a counter-tendency. A trip through the slums will usually restore the student's sense of perspective. In a similar way it is obvious folly to become so fearful of inducing psychosexual traumata that one is afraid to do anything at all. Dr. Tannenbaum is doubtless fully aware of this, but some of his readers may not possess his faith.

If one takes any one of the prohibitions which he mentions it seems on the evidence to be thoroughly justified. Some nervous wreck has had just such an origin. But the prohibitions taken altogether! What is left for the poor child but to acquire meningitis and die as soon as possible? Life is much too perilous a journey for him to risk and suicide would seem a welcome relief. For example: The parents must never allow the child to see them naked, nor while exercising their excretory functions. Yet they must not appear to conceal anything from the child or imply that there is anything to conceal! The growing boy is to be carefully supervised in his play. Rough play, wrestling, tree climbing, etc. are prohibited, but then, sitting long over his book is likewise taboo! Exciting stories involving cunning or cruelty are to be shunned, but the nervous strain of overstudy—presumably of non-erotic subjects like arithmetic—is also destructive. Remembering the fetichists one has doubts about tatting. Frankly, I give it up. It can't be done.

Perhaps the solution lies in the opposite direction. I say "perhaps" because I find myself greatly bewildered. So far as we know the animals seem to develop reasonably sound nerves without the privacy of bathrooms and in spite of precocious sexual games. True, they have few conventions and take sexual gratification whenever and wherever they can get it. Perhaps they have no psyche to be traumatized, or is it.....Anyhow, they seem to be quite shameless and to have good nerves. Furthermore many of us have been through many of the evil influences enumerated and while we may be more or less neurotic we manage to get quite a little out of life. That the race will perish from a degeneration of its nervous system seems quite possible. I confess to little worry on that score. That our children should suffer neuroses due to our ignorance seems criminal and we should be grateful for the psychiatrist's warning. Nevertheless it may be that prophylaxis rests less upon avoiding these infantile traumata, than upon the

inhibitions which act on the adolescent. One wonders what would happen if every child had normal intercourse from the time its sexual appetite appeared. I have known a few such cases and observed no obvious neuroses, quite the contrary. But I can not tell whether their health was due to free intercourse or to an unusually well balanced temperament which had from the beginning accepted life as it came along without feeling any obligation to conceal or to apologize. There are also plenty of neurotics who have been sexually active since childhood. We seem as much puzzled as our old friend Master Launcelot Gobbo, there being about as much evidence one way as another. To make matters worse, we can not go far in our speculations without landing among the most scandalous conclusions. Little wonder then, that some scurry back to the church for an anesthetic, only to find the ether-sickness even worse.

The final emphasis of the Freudian school seems to fall upon the importance of intellectual and spiritual honesty in the conduct of life. The marvellous cures which have been effected were apparently induced by the simple process of teaching the patient to be honest with himself. Is it not possible therefore, that these psychosexual traumata are to be avoided, or nullified, by maintaining from birth the habit of being honest about life? In brief, the Freudians have demonstrated with convincing detail that old proverb which all of us learn though we seldom practice it; that honesty is the best policy. Nor is it any wonder that we give ourselves the luxury of so healthful a maxim with such moderation, since its logical conclusion would give old Mrs. Grundy hysterics, and as every one knows hysterics is "catching."

And now for my apologies. In commenting on Dr. Tannenbaum's article I mean to imply no lack of respect. His paper is an admirable summary of that which, sooner or later, we have got to swallow. Much as I approve of his main thesis I have ventured to poke fun at certain paragraphs where he summarizes, with admirable brevity, inferences which are widely scattered through the Freudian literature. I tremble to think of the torture in store for some poor child whose fussy, "scientific," mother undertakes to rear him on such a schedule of prohibitions as the good doctor has given us. I confess that every one of those prohibitions has eloquent proofs behind it, and yet I come out with but one feeling which in the vernacular is, "me for the tall timber."

Contributed to the American Journal of Urology and Sexology.

WAR AND THE SEXES—A REPLY

By a Philosophical Bachelor.

THE article on War and the Sexes by Miss Ellen Key in *The Atlantic Monthly* for June was not intended as an appeal to bachelors to get busy and do something to relieve the deplorable condition of women which was described therein with so much fervor, but as a matter of fact the presentation which she makes of the present social condition and prospects of the young women of Europe, which is evidently sincere as well as serious, makes the strongest appeal of that kind which I have ever seen. All the other good arguments for marrying are met with the obvious reply. "There are always plenty of people who want to marry and who do marry, and those who do not are either more interested in some other direction or else they are waiting for a better opportunity." If Miss Key is right it would seem that bachelors are rather recreant, and also losing wonderful opportunities to make happy marriages. From such a large number—"millions"—it would seem that all tastes could be suited, all reasonable expectations satisfied and all rational marital hopes realized. As I read Miss Key's picturesque words there appeared before my imagination such a paradise of opportunity as should warm the cockles of any man's heart. It was a fascinating fantasy, but was it not the product of an *idée fixe* rhetorically expressed by a specialist in the literature of love rather than a conclusion to be drawn by any logical process from the known facts?

Miss Key implies that she is describing the typical young woman and not the exceptional one who was born for love. But the typical unmated girl ought to be found in America as well as in Europe. The difference would be in the relative numbers. Is not single blessedness as distressing for a woman in America as it is for her sisters in Europe who have the poor but real consolation of belonging to a very large class who have jeopardized or sacrificed their dearest hopes in a noble effort to save their country? Whatever the answer to this question we are confronted with another which is fundamental. Is it distressing or deplorable at all for either a man or a woman to be unmarried? No absolute novelty can be claimed for this question, but the fact that no answer has ever been generally acceptable must not be overlooked. Is it not

a fact that women, as well as men, who remain unmarried do so for the reason that they are satisfied to let well enough alone rather than tempt Providence, or try luck, in a very dubious venture in which initial mistakes are irreparable? My own observations in many different states of this country have led me to this conclusion.

Marriage is generally recognized as the ideal relation for a man and woman who are adapted to each other not only in person and character—physical, intellectual and moral—but also in social and economic condition, provided they are supremely attracted to each other and can not be satisfied to live apart. Doubtless there are various advantages and correspondingly various motives, in forming the relationship. Do not American girls generally give so much weight to the economic advantages of a prudential marriage that they will not seriously consider other advantages, and so force the impartial observer to the conclusion that marriage for the woman is not a necessity,—not even a luxury—but rather a stepping stone or door of escape from some tiresome occupation or uncongenial surroundings? This rather sordid and mercenary view of the subject has impressed me particularly in listening to the conversation of girls with one another, where I have heard such sentiments repeatedly and emphatically expressed, but I never heard them rebuked or criticized by the hearers.

One young lady remarked, "I would never marry if I could earn as much as one thousand dollars a year." Another one said, "I don't care anything about a man unless he takes me out and spends money on me." Another said, "I would never marry unless I could better my condition." The speakers were fairly representative of girls in American cities. The first one, who belonged to an excellent New England family, was educated in a famous college and held a position as a public library assistant; the second was an Irish-American who had a permanent position with a manufacturing company; the third was a German-American who had held for a number of years a clerical position in a great insurance company. In each case the speaker was evidently serious and received the apparent approval of her sisters and other girl friends to whom the remarks were addressed. An artistic young lady, who had never tried self-support because her father had a small business, speaking to some married friends assured them that her expectations of a home were very moderate: she would be satisfied with ten thousand a year.

Now it is really of great social importance as well as ethical interest that the marriage motives of women generally should be known. Some bachelors feel they are under no moral obligation to serve as stepping blocks to a woman's ambition or as a means of escape for any woman from the kind of work which he is doing himself and which he expects to continue to do whether married or unmarried. Some thoughtful bachelors even wonder why the women should have stepping blocks and escapes any more than the men; they wonder what the women would say of their men friends who should openly profess such reciprocal sentiments as I have just quoted. Some bachelors think they would like to marry if they could find the right woman who would be disposed to do as a wife even a part of what a man is expected as a matter of course to do as a husband. In other words, they think of marriage as an equal partnership, but they do not seek such a partnership, because they realize that such an idea of marriage is approved only be feminists—and the feminists seem to be very scarce in America. If the women's colleges would take a marriage-motive census by an anonymous questionnaire, and then publish the results, it would be very illuminating. I have no doubt that among school girls in their teens love would generally be mentioned first, because the other things are then taken for granted, but among self-supporting young women the expression might be very different.

The fact is, Miss Key has made some bachelors feel very uneasy; she has pricked the bubble of our content, but she has not convinced us that she has fairly stated the case. Moreover, she has failed to tell us very definitely where to find the kind of woman she describes. "All over Europe" is scarcely adequate to guide even a persistent Dr. Saxton in search of a wife. If some one would compile a registry on the subject it might be very useful. I live in a place that has been appropriately called "The Bachelors' Paradise," but we are open-minded and open-hearted on the subject of improving our environments. We are accustomed to think of marriage as a dispensable luxury.

Somebody really ought to start a society whose motto would be "Independent though married," and whose members would not regard marriage as a means of escaping self-support. If these are the ideas of young women in Europe one would suppose that they would welcome the present unprecedented opportunities which are open to women there to enter upon all kinds of

business and professional activity, and so establish themselves in lucrative positions before the competition of men is again a restraint to their careers. From the feminist standpoint the present time is certainly a wonderful opportunity, and when the war ends there should be literally millions of women holding positions which no doubt they admirably fill at present and which they should not think of relinquishing to any man. Many of them will be in circumstances to choose a husband if they want one and to support him if he requires it. Temperance and some other reforms have received a tremendous impulse from the war, but of all progressive movements a conservative type of feminism should be the one to make the greatest gain.

If Miss Key is correct in her expression of the feelings of marriageable women some people would like to have the evidence of it. Let us have more light on the subject.

It is a question whether the typical European woman (assuming there ever is a typical woman) would prefer as a matrimonial partner, a native hero who is "not all there"—to be supported, or an American bachelor, whole and sound, who might be interested in an equal partnership. It really seems as if women generally go to one extreme or the other. They are either altruistic saints who want to sacrifice themselves, or they are selfish somebodys who want some man to sacrifice himself for them. And the worst of it is the two varieties appear so much alike under ordinary circumstances that they can not be distinguished by an inexperienced man. Sometimes they are both in one, and alternate so rapidly from one to the other that a man can't be sure he is acquainted with his own women relatives. A conservative feminism should indicate the Golden mean between the two extremes, and also provide men with some test whereby they can judge of what women really are. The welfare of society and the perpetuation of the family require both altruism and self-seeking in the individual, where they are needed in proper combination; but as these qualities approach their limits—pure and unadulterated—they cease to be useful except as literary material.

The institution for which I have been doing some editorial work has several thousand employees, and they have the pleasant custom, on the announcement of the approaching marriage of one of their number, of circulating a subscription through the office to give the young couple a substantial expression of good-will and helpfulness. As I was writing this article I was interrupted by the

presentation of such a subscription blank announcing the pending nuptials of two employees. In this case, as has often happened before, they are to marry each other, and so there was only one subscription to be made. Having appended my name as usual I wondered if it were needful to ask whether precedents had been followed in this case by one of the parties to the new partnership resigning, and if so which one. If the partnership were to be an equal one it seems to me that either both should resign or neither; otherwise they might draw lots.

A few days ago in an important business meeting I sat beside a charming young married lady who proved herself to be eminently qualified to advise on the difficult financial problem which confronted the meeting. I inquired for her husband whom I had not seen for a long time. She answered,

"He is at home taking care of the children. We are without a maid at present and take turns in staying at home."

Such a family ought to be a model.

Editorial Notes

PSYCHOANALYSIS AND THE FREUDIAN PHILOSOPHY

Psychoanalysis and what has come to be known as the Freudian philosophy will occupy a very prominent place during the next ten years. Freudism contains some truths of the utmost importance to the race. It also contains falsehoods. It is important not to overlook the truths because of the falsehoods it contains; it is important not to reject the Freudian philosophy *in toto* because certain parts of it are in our opinion untrue and excite our antagonism. I consider it an important task to attempt to separate the wheat from the chaff, the true from the false. With this object in view we will publish a series of articles presenting this Freudian philosophy in all its phases, from the point of view of the convinced disciple; then a series of comments will appear, pointing out the untenability of certain of the Freudian claims. I feel certain that this series of articles will prove highly interesting and instructive.

The first series of articles will be from the pen of Dr. S. A. Tannenbaum, than whom no man in America is more competent to expound the Freudian theories. Not only is he a thorough Freudian, not only is he fully familiar with everything that has been written by Freud and his disciples, but he has the rare gift of pure and unequivocal English. He not only knows his subject, but he knows how to make it clear to his readers. The first article of the series will appear in the September issue.

BACK COPIES FOR JOURNAL OF SEXOLOGY.

We have a great demand for back copies of The American Journal of Urology and Sexology which we cannot fill. If there are any readers of the Journal who do not bind or save their copies we would be glad to pay them 25c each for any of the following numbers,—February, March, April, May and June, 1916.

For any copies of The Critic and Guide for April and May, 1916, we will pay 10c each.

Payment may be obtained in cash, in books, or in advanced subscriptions.

Miscellany

PROSTITUTION AND MENTAL DEFICIENCY

The publishers have been nauseating us with the details of the mental deficiency or even imbecility of the prostitute. The truth will finally come out, however, and even the cheap reformers are beginning to change their opinions on the subject, just as they have changed their statements about the average length of life of the prostitute being four to five years. The following item is from The American Social Hygiene Association Bulletin for January:

"At a conference arranged by The American Social Hygiene Association in Chicago, Dec. 15, 1915, Dean James R. Angell of the University of Chicago presided, and papers were read by Dr. William Healy of the Psychopathic Laboratory of the Juvenile Detention Home, Professor Robert H. Gault of Northwestern University, and Dr. H. C. Stevens of the Psychopathic Laboratory of the University of Chicago. It was pointed out that scrupulous care must be used in estimating the mentality of any person, and that the proportion of mentally deficient among the prostitute group has been *considerably over-estimated.*"

If it didn't sound too revolutionary and too shocking, we would venture the statement that class for class the prostitute is of at least as high a mental calibre as her sister from the same social stratum.

Indoor and sedentary life is very hard and unnatural for young people, whose very nature is activity during this transition period. The chief need of the soul, then, is incentive to psychic activity, to bring and to keep it in the state of slightly perfervid activity that belongs to it. If the school is uninteresting, monotonous, its methods mechanical, its atmosphere dull and lifeless, then its influence can be probably on the whole more pernicious than any other. Therefore at the very dawn of this age there should be a distinct change in subject-matter, methods, perhaps in the school, possibly in the sex of the teacher, and if sex segregation is desirable, this is the time when it should begin. But these are details. The great fact is that our youth are not inspired and without inspiration there is no genuine youth, and inspiration is the great regulator of sexuality during its developmental stages.—G. Stanley Hall.

If we except infants-in-arms, and a few invalids and very old persons, the whole of our race is subordinated to the phenomena of sex as a means of suffering or a means of joy.—Robert Michels.

Among all the varied manifestations of human life, it may be said that sexuality is the only one with which all are familiar, and in regard to which none are altogether incompetent.—Robert Michels.

This instinct, in such cases, stands firm like a column amid the ruins of a pagan temple, the rest of which has been destroyed in the passage of the years or by the devastation of war. This instinct is the one which remains active when all other psychophysical manifestations are dead or dormant.—Robert Michels.